



Canada  
Health  
Infoway

Inforoute  
Santé  
du Canada

# A Conversation about Digital Health

**ANNUAL REPORT 2015-2016**

## ABOUT CANADA HEALTH INFOWAY

Canada Health Infoway (Infoway) helps to improve the health of Canadians by working with partners to accelerate the development, adoption and effective use of digital health across Canada. Through our investments, we help deliver better quality and access to care and more efficient delivery of health services for patients and clinicians. Established in 2001, Infoway is an independent, not-for-profit organization funded by the federal government.

The deputy ministers of health for the 10 provinces, three territories and the federal government make up the Members of the Corporation. Some of these Members also serve on Infoway's Board of Directors, which includes leaders from Canada's public, health, legal, financial and technology sectors.

*The views expressed in this Annual Report represent the views of Infoway or other persons as indicated, not the Minister of Health or any representative of the Government of Canada.*

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# Message from the Board Chair and President and CEO



"My EMR allows me as a physician to record any information the patient brings to me as well as any other information we collect about that patient into one electronic record. Patients know they can feel confident that their health care is understood by all of the people involved in their care."

The Honourable Jane Philpott, Minister of Health, October 2014  
Minister Philpott is a family physician from Markham-Stouffville, Ontario

# A Conversation about Digital Health

The choice of theme for this year's Annual Report, *A Conversation about Digital Health*, is very deliberate. A conversation implies an informed exchange between individuals and we think it exemplifies a significant shift that we've seen in health care over the past few years.

Not to suggest that conversations have not been taking place, but to assert that the quality of these conversations and the richness and timeliness of the information being exchanged has greatly improved.

The conversations between clinicians, and between clinicians and their patients, have never been more critical. In an information-rich environment as complex as health care, where there are many interactions and so much information being shared, we are pleased that digital health has contributed to improved conversations on many levels.

The evidence is increasingly clear and our own research supports findings that the majority of Canadians want to play a more active role in managing their health. They would like expanded online services (e.g., the ability to renew prescriptions and book appointments online) as well as access to their health information. Access drives value for patients. For example, [\*Impacts of Direct Patient Access to Laboratory Results – Final Report\*](#), commissioned by Infoway, revealed that 95 per cent

of patients who accessed their lab test results online felt more confident to take care of their health, while 94 per cent felt it improved their knowledge of their health and 93 per cent felt it allowed them to have more informed discussions with their doctor. More engaged, knowledgeable and confident patients who feel empowered to be more proactive in managing their health will have better conversations with their clinicians. The exchanges will likely be more informative and fruitful – for both parties.

Similarly, clinician to clinician conversations are vital. Today, many Canadians, and especially seniors, are living with chronic illness that requires them to see many specialists and take multiple medications. Considering that 40 per cent of Canadian seniors take more than four medications, it is critical that clinicians have the right tools and the right information to inform their decisions and enable them to provide the best care possible to their patients and their families. Everyone benefits from these improved conversations. Patients receive more appropriate

and more timely care, while avoiding unnecessary procedures and hospital admissions; clinicians are able to work more effectively and more efficiently; and all of this contributes to cost savings and a more sustainable health system for Canada.

At Infoway we're proud that digital health and the work we've done with our partners is enabling these improved conversations. Thanks to digital health:

- ▲ Canadians and our health care system have realized an estimated \$16 billion in benefits since 2007;
- ▲ More than 139,000 clinicians are now active users of electronic health record systems, regularly consulting two or more electronic systems (e.g., lab or drug information systems and diagnostic imaging repositories) to help provide better care to their patients;
- ▲ Seventy-three per cent of family physicians are now using electronic medical records to record information gathered during a patient's visit;



- ▲ There were more than 600,000 clinician-patient consultations via videoconferencing in 2015, saving patients travel time and expenses;
- ▲ An estimated 5,000 patients were enrolled in telehomecare programs in 2015-2016, enabling them to stay in their own homes while being monitored electronically by clinicians in other locations;
- ▲ There were more than 74 million uses of innovative digital health solutions over the past five years as a result of the *ImagineNation* Challenges;
- ▲ More than 11,000 patients, families and caregivers are enrolled in projects enabling them to view health information, book appointments or consult with providers online; and
- ▲ More than 12,000 public health employees are now using the Panorama public health surveillance system to track immunizations digitally and manage vaccine inventories.

We invite you to learn more about these and other highlights of our activities on the following pages.

As we look to the future, we are extremely energized by the vote of confidence we received from the federal government through a new funding commitment in Budget 2016. This renewed capitalization for Infoway will enable us to focus on two priority areas during the 2016-2017 fiscal year: developing a multi-jurisdiction e-prescribing

solution to help clinicians increase patient safety by improving accuracy and reducing errors with prescriptions; and increasing telehomecare to help Canadians with chronic conditions live well at home. In addition, we will continue to partner with the jurisdictions to leverage our foundational investments, including patient online services that have been so critical to making health care more accessible for patients and more sustainable for funders. All of these initiatives will allow us to accelerate effective, timely conversations within the health system.

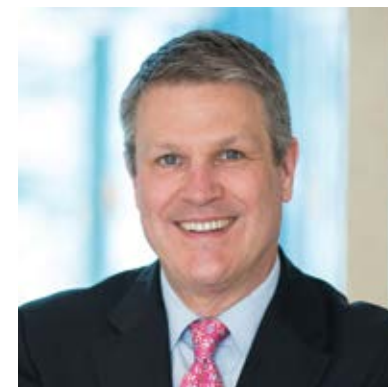
These conversations will continue to be critical, as will conversations about digital health with our government partners. We are eager to continue to work with Health Minister Jane Philpott as she fulfills her mandate to “*advance pan-Canadian collaboration on health innovation to encourage the adoption of new digital health technology to improve access, increase efficiency and improve outcomes for patients,*” and as the Minister and her government develop a new Canada Health Accord with the provinces and territories.

We believe digital health will continue to make a difference in the lives of Canadians and it will contribute to the sustainability of our health care system. Let’s continue the conversation about digital health!



A handwritten signature in black ink, appearing to read "Graham W.S. Scott".

**Graham W.S. Scott**  
C.M., Q.C.  
Board Chair



A handwritten signature in black ink, appearing to read "Michael Green".

**Michael Green**  
President and CEO

## Highlights from 2015-2016

An estimated

**\$16 billion**

in benefits (cost savings and efficiencies) from investments in telehealth, drug information systems, diagnostic imaging and physician and ambulatory clinic electronic medical records (EMRs) since 2007



An estimated

**\$200 million**

in benefits from ambulatory (outpatient clinic) electronic medical records (EMRs) in 2015



**73 per cent**

of family physicians in Canada were using an EMR in 2015



There were more than

**139,000**

**active electronic health record (EHR) users**

across Canada in 2016



There were

**74 million digital health uses**

in five years as a result of the *ImagineNation* Challenges




Total audience reach of

**23 million**

from Digital Health Week in 2015





# Progress on Availability, Use and Benefits



"Digital health has very much affected the way that I treat patients in remote communities. Using systems such as Telestroke I can offer the same level of expertise and care that I would to my patients in northern New Brunswick as I would here in Saint John."

Dr. Dylan Blacquiere, stroke neurologist, Horizon Health Network,  
Saint John Regional Hospital, Saint John, NB

For more on this story, watch the video at  
<https://www.youtube.com/watch?v=cuptGLMZR38>



# Making Progress for Canadians

Infoway has received \$2.1 billion through five separate federal government grants since 2001. These funds have been used to co-invest in 419 projects with the provinces, territories and other partners.

The projects have focused on 12 investment programs (see page 34 for details). As of March 31, 2016, 97 per cent of the funding had been approved for projects, and 85 per cent of the approved funds with jurisdictions had been paid based on milestones and deliverables achieved.

The following section reflects Infoway's continuing commitment to enhance our reporting on the availability, use and benefits of digital health information systems, as recommended in recent years by the Auditor General of Canada and the House of Commons Standing Committee on Public Accounts. You can find more information on our website at [www.infoway-inforoute.ca/en/](http://www.infoway-inforoute.ca/en/).

## Availability of Digital Health

Canada's digital health journey began with Infoway and the jurisdictions focusing on building six core systems to collect information electronically: client and provider demographics, diagnostic images, profiles of dispensed drugs, laboratory test results and clinical reports or immunizations. This information constitutes the essence of an

electronic health record (EHR) – the secure and lifetime record of a person's health and health care history – that's available to authorized health care providers and to the individual.

Infoway tracks each jurisdiction's progress on availability of data in each of the six core systems individually, then uses the average of these values to represent the jurisdiction's overall EHR availability. Based on these numbers, the pan-Canadian average EHR availability is 93.8 per cent as of March 31, 2016. See page 20 for more details.

## Use of Digital Health

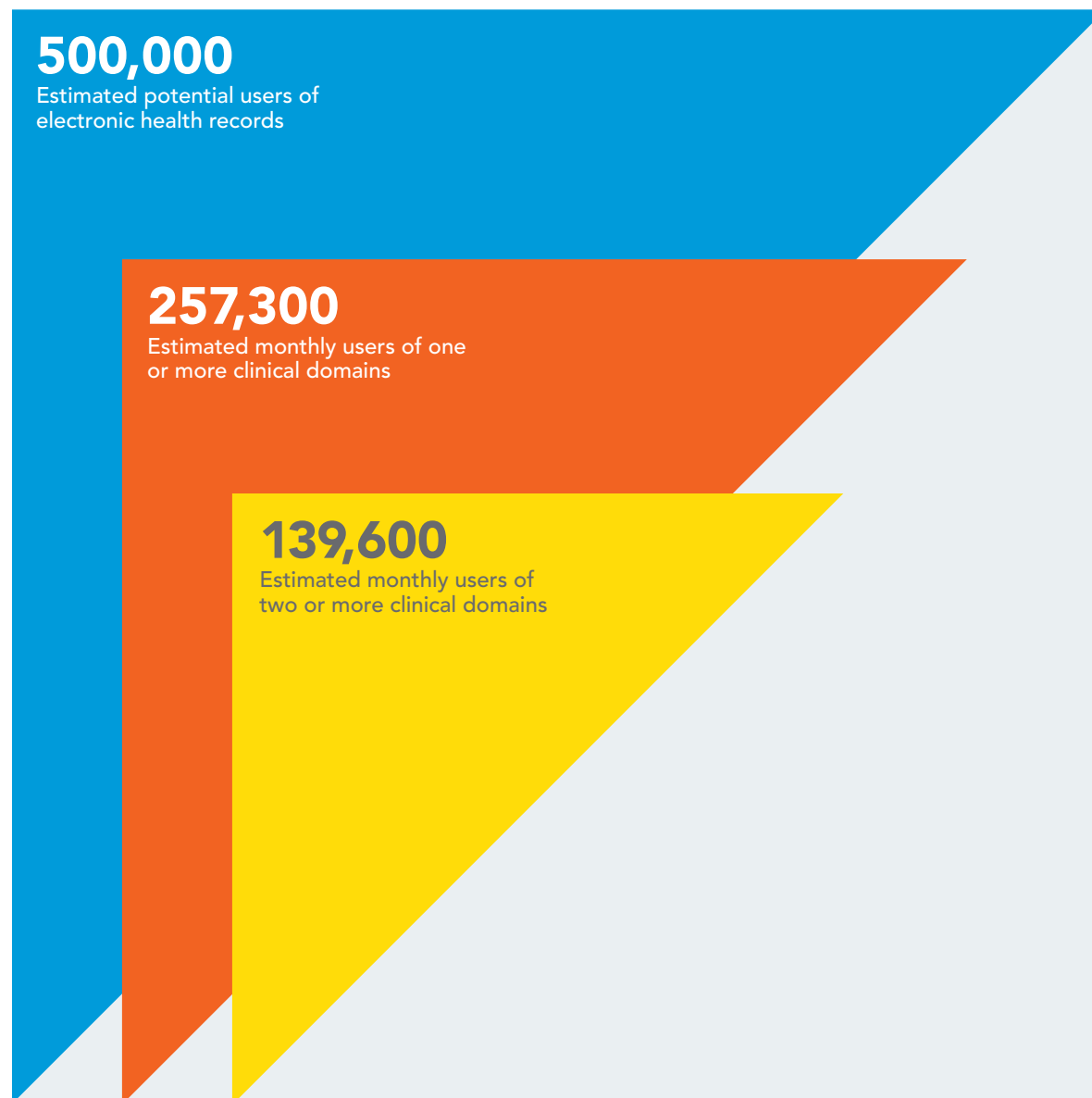
Once EHR data is available, the next step is for authorized health care providers to use it effectively to achieve full benefits. Infoway measures use in two key ways. First, through payments made to jurisdictions or other project sponsors for achieving agreed-upon use targets. In 2015-2016, Infoway invested \$63 million for this purpose. In total, \$388 million, or 81 per cent of the funding allocated for meeting use targets had been invested as of March 31, 2016. The second way Infoway measures

use is by gathering information from each jurisdiction about its active users of a particular system, or by surveying clinicians and Canadians.

## Use of EHR Systems

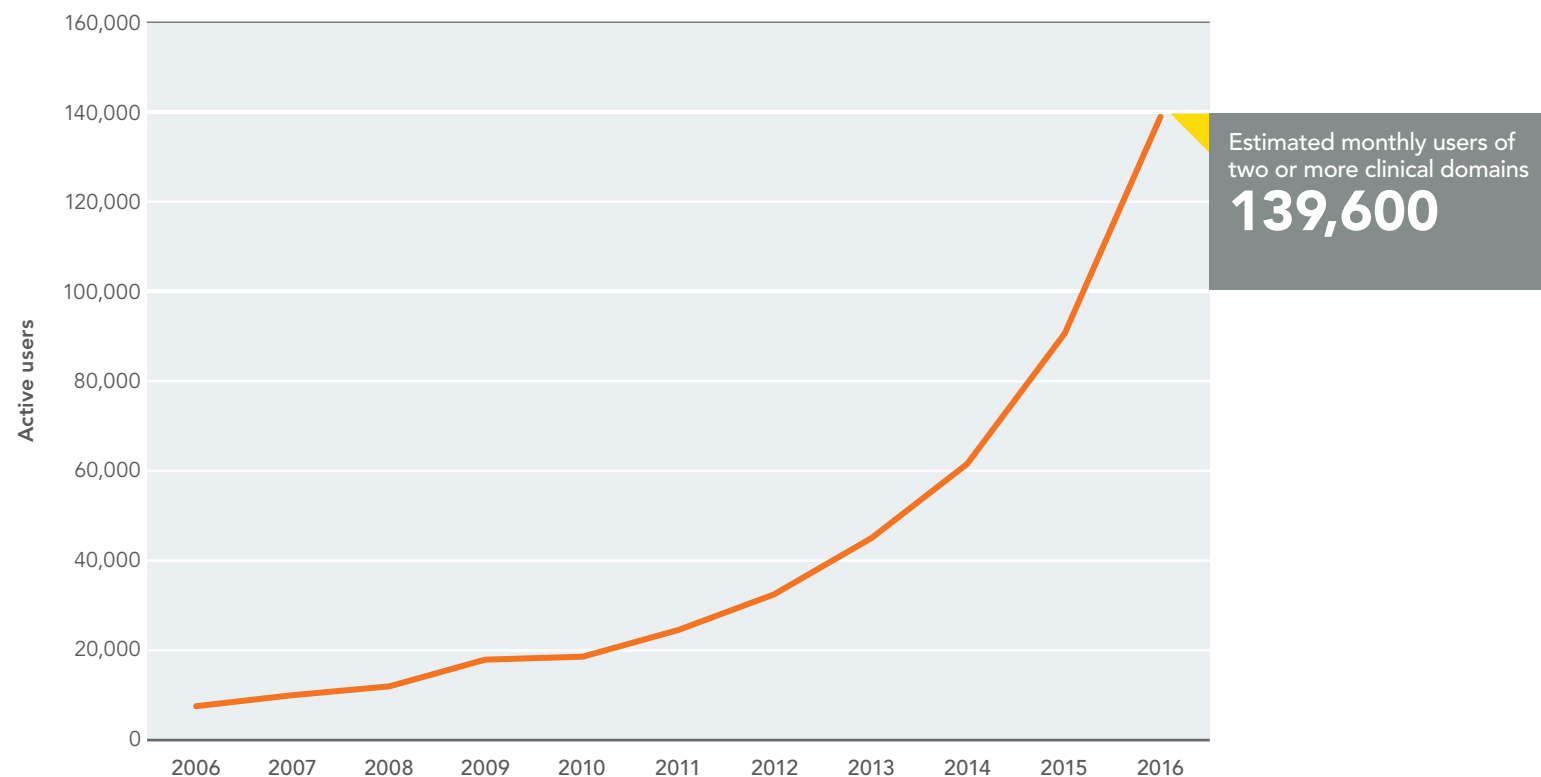
A majority (more than 257,000) of health system professionals (doctors, nurses, pharmacists, other clinicians and administrators) are now using EHRs. This includes provincial/territorial EHRs (access to two or more clinical domains), and single clinical domains (e.g., drug information systems). This represents more than half of all potential EHR users across Canada (estimated at 500,000).

**FIGURE 1** Electronic Health Record User Adoption Landscape



As of January 2016, all provinces and territories were reporting active EHR users (those using two or more clinical domains, such as lab information systems, drug information systems or diagnostic imaging repositories). In total, there were more than 139,000 active EHR users across Canada in 2016, up from 91,000 in 2015, an increase of more than 50 per cent. Active users are authorized health care professionals who have accessed the system a minimum of one time per month or three times per quarter. Users of point-of-care systems with data feeds from provincial assets are deemed to be active users of the EHR.

**FIGURE 2** Growth in Active Use of Electronic Health Records



A large part of the tremendous growth in active use of the EHR over the past year has been due to the broad availability and integration of clinical systems across Quebec and Ontario and the value that these systems bring to their end users. Find out more about EHR adoption in Canada in our article [Measuring Interoperable EHR adoption and maturity: a Canadian example](#).



## Telehomecare Making a Difference in Patients' Lives

Wendy Waters was a self-described “couch potato” until she was referred to the Saskatoon Health Region’s LiveWell program to help her cope with chronic obstructive pulmonary disease (COPD). Then she jumped at the chance to be part of a telehomecare program. Every day, she used the supplied equipment to check her blood pressure, heart rate and oxygen levels at home, and send the results electronically to nurses in another location. She says the support and monitoring made her feel like she wasn’t alone, and likely prevented hospital visits. Wendy says:

“It’s a godsend. It really is. I just can’t stress enough to anybody that if you have the opportunity to be on a program, go for it. You’ll live better. You’ll be happier. It has given me my joy of my life back.”

For more on this story, watch the video at [https://www.youtube.com/watch?v=\\_Za8z-4iCxY](https://www.youtube.com/watch?v=_Za8z-4iCxY)

## Use of Telehealth Systems

Telehealth is used for a wide range of services, from cancer and stroke care to mental health. Every province and territory is now using telehealth to bring care closer to Canadians in their communities, and even within their homes so they don’t have to travel great distances and incur personal expenses to see primary care providers or specialists. This is especially important for people in rural, remote and First Nations communities. There were more than 600,000 total clinical telehealth events (clinician-patient consultations) in 2015, an increase of more than 200 per cent since 2010.

## Use of Telehomecare

The use of telehomecare is also growing. Telehomecare uses digital technology to monitor patients remotely (e.g., pulse, blood pressure, blood sugar, weight) and can alert health care providers to a change in their patient’s condition before a hospital visit is required. It is an intervention for patients with complex health problems who frequently seek care in hospitals and other care settings. Telehomecare enables patients and their caregivers to acquire the necessary skills to manage their own health. It has also been shown to improve patient and caregiver quality of life by providing peace of mind and preventing unnecessary hospital stays and emergency room visits. An estimated 5,000 patients were enrolled in

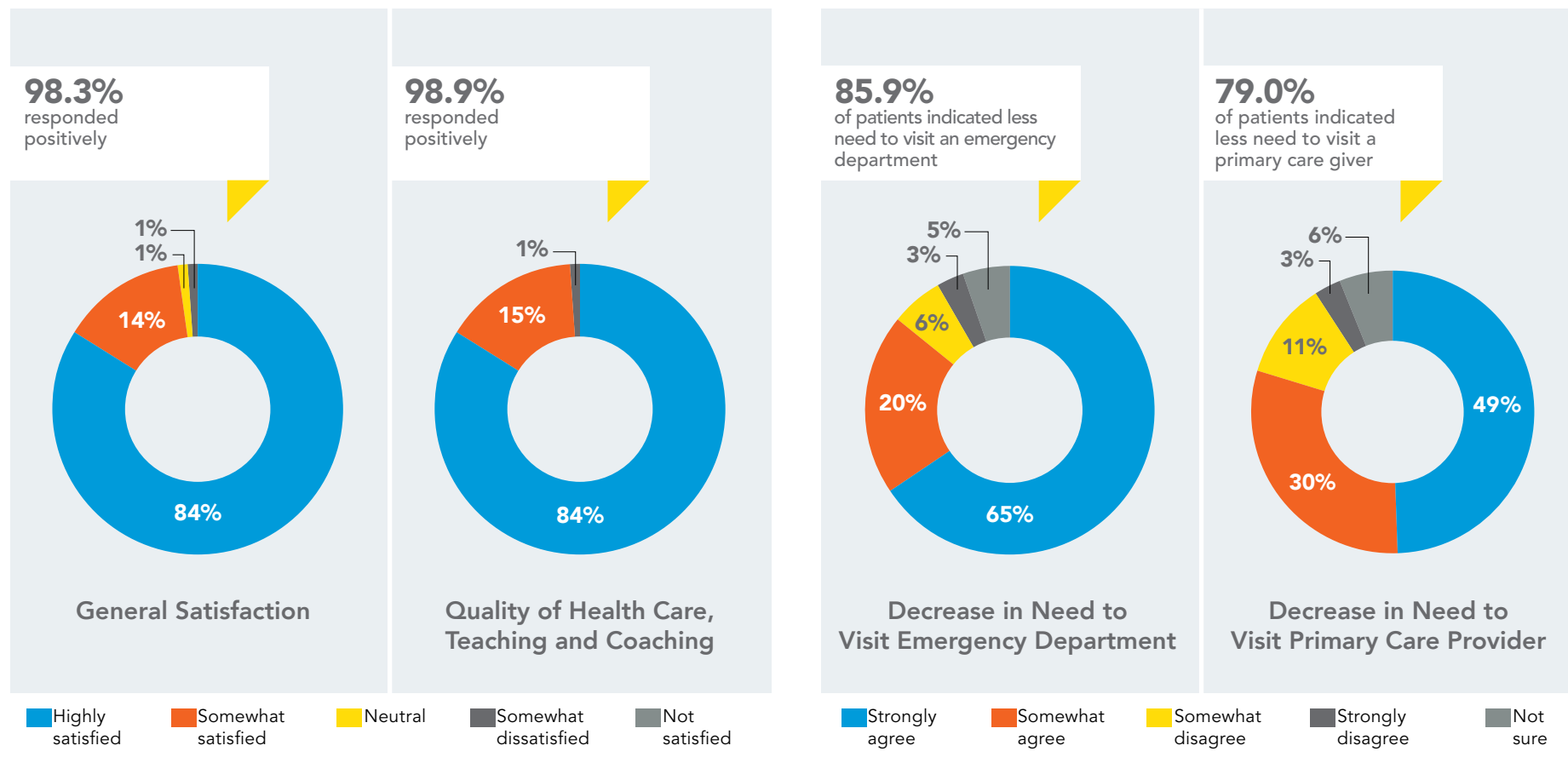
provincial/territorial programs in 2015-2016. That’s double the estimated 2,500 patients enrolled in these programs in 2010.

A survey by the Ontario Telemedicine Network (OTN) found that more than 98 per cent of patients were highly or somewhat satisfied with its Telehomecare program. As well, 86 per cent indicated less need to visit an emergency department and 79 per cent indicated less need to visit a primary caregiver.

**“The program gave my mother the opportunity to recover in the comfort of her home. This was a major contributor to her recovery. It was also a great relief and support as a caregiver to be able to recognize and control potential crisis/anxiety with this condition. It gave us hope that my mother would survive her illness. We always received quality advice and speedy assistance!”**

– Caregiver for patient enrolled in OTN Telehomecare program.

**FIGURE 3** Ontario Telemedicine Network Telehomecare Patient Experience Survey







## Safeguarding the Health of Canadians

Holly Tronson from the Westbank First Nation in British Columbia, says it was hard to keep track of all of the paperwork involved with the immunization records of her four children. She now has peace of mind from knowing that these records are available digitally through Panorama. Holly says:

"As a mother I feel more reassured that the records are in place and that they're electronic now. That way, if I misplace anything, I could easily access those records when I need it."

Panorama also makes things more efficient at the Westbank First Nation Community Clinic, where public health clinicians can now quickly and securely access the immunization records. Health Services Manager Pamela Crema says:

"Prior to that (the implementation of Panorama) we had to contact the local health authority to obtain written documents which they'd fax over. So the turnaround time was long, it could have been one to three days."

For more on this story, watch the video at <https://www.youtube.com/watch?v=GQgUpMXUEi0>

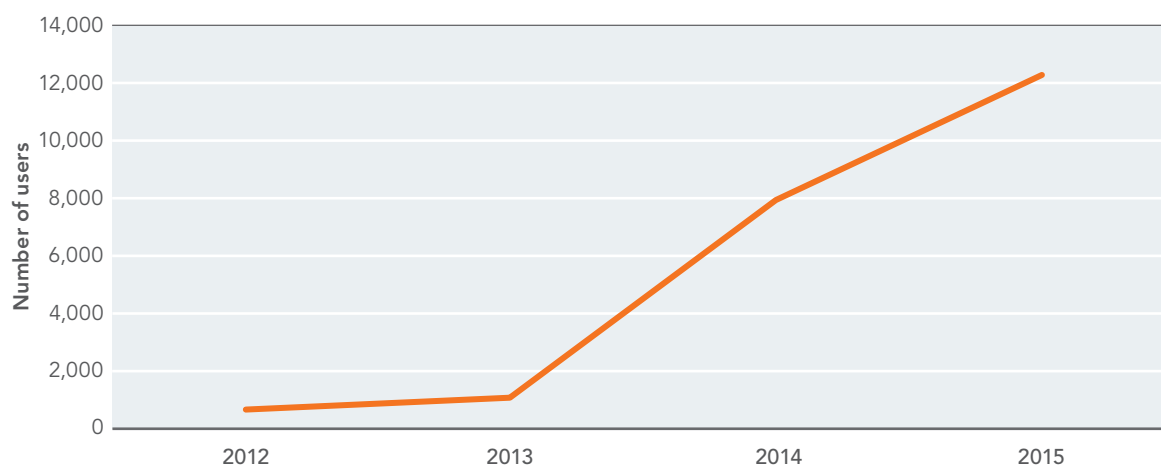
## Use of Consumer Health Solutions

More than 11,000 patients, family members and caregivers are currently enrolled in seven consumer health demonstration projects across the country, and collectively they have used these solutions nearly 119,000 times. These projects enable them to do a number of things online: view their own health information such as lab results, schedule appointments, and consult with their health care providers using secure messaging. According to surveys conducted for Infoway, Canadians want the ability to access these services online, but most currently aren't able to do so. That is why Infoway has included the scaling of these services as one of its three important goals for 2016-2017. Find out more in Infoway's [2016-2017 Summary Corporate Plan](#).

## Use of Public Health Surveillance Systems

The Panorama public health surveillance system tracks immunizations digitally. Panorama is also being used to manage vaccine inventories, and in some cases to monitor outbreaks of communicable diseases. More than 12,000 public health employees in British Columbia, the Yukon Territory, Saskatchewan, Manitoba, Ontario and Quebec are now using Panorama. This compares with 1,000 users in 2013.

**FIGURE 4** Growth in Use of Public Health Surveillance Systems

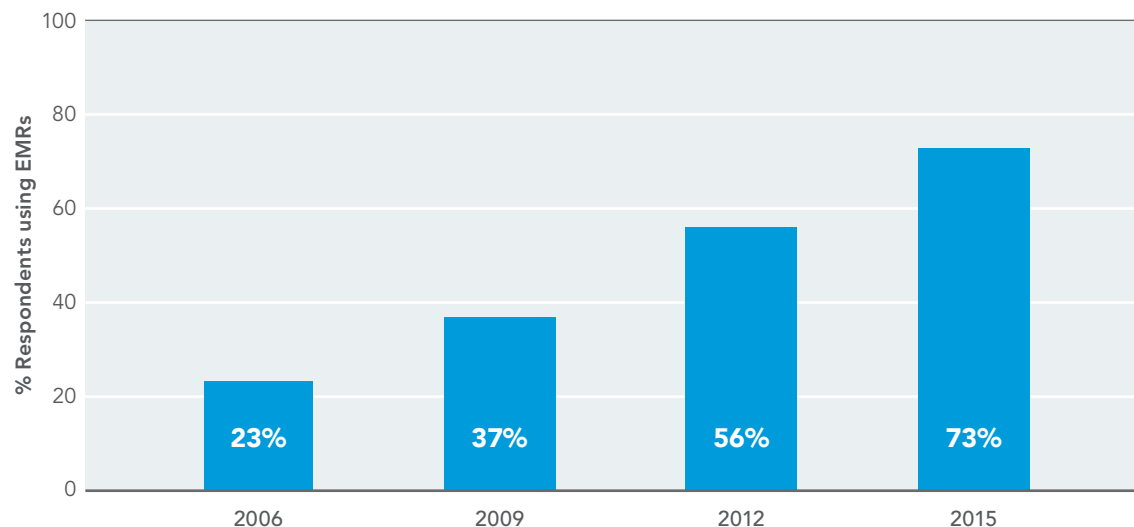


## Use of EMR Systems

In 2015, an international survey found that the use of electronic medical record (EMR) systems in Canada is continuing to show significant growth. An EMR is an office-based system that enables a health care professional, such as a family doctor, to record the information gathered during a patient's visit. This might include things such as weight, blood pressure and symptoms, which would have previously been hand-written and stored in a file folder in a doctor's office. According to the [2015 Commonwealth Fund International Survey of Primary Care Physicians in 10 Nations](#), 73 per cent of family physicians in Canada were using EMRs, triple the number from 2006. This is consistent with the National Physician Survey's findings in 2014, where 77 per cent of family physicians reported that they were using EMRs, triple the number from 2007.

The Commonwealth Fund Survey also showed that EMR use was highest in provinces that have had long-standing EMR programs, including British Columbia, Alberta, Saskatchewan and Ontario. The survey results demonstrate that progress is being made in other provinces with newer programs. This is helping to close the gap in EMR use between Canada and other countries.

**FIGURE 5** Family Physicians in Canada Reporting EMR Use: Commonwealth Fund Surveys



The Commonwealth Fund is a private foundation that supports independent research on health care issues, such as periodic surveys of primary care physicians in various countries. The National Physician Survey, which was sent to medical students, residents and licensed physicians in Canada, has been discontinued. It was a collaborative undertaking by the College of Family Physicians of Canada, the Canadian Medical Association and the Royal College of Physicians and Surgeons of Canada.

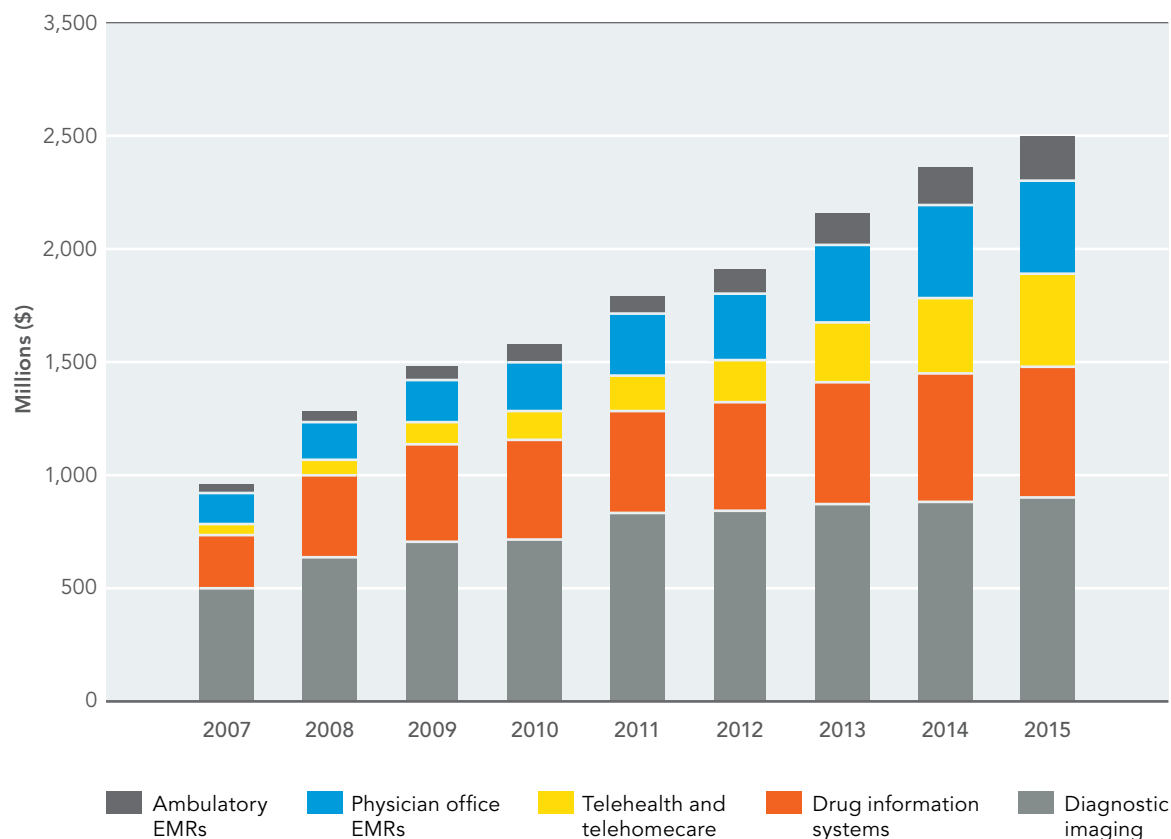
## Benefits of Digital Health

Benefits have been growing as adoption and use of systems have increased. Investments by Infoway and the jurisdictions in EMRs (physician office and ambulatory), diagnostic imaging, drug information systems, telehealth and telehomecare have produced an estimated \$16 billion in access, quality and productivity benefits for Canadians and the health care system since 2007. That represents an increase of more than \$2.5 billion in the last year alone.

A pan-Canadian [benefits evaluation study on ambulatory \(outpatient clinic\) EMRs](#) shows that these EMRs and complementary technologies can improve quality of care, patient safety, access and productivity. The study, commissioned by Infoway and conducted in 2015, identifies an estimated \$200 million in annual benefits. This includes approximately: \$95 million from reduced employee time spent on chart management processes such as chart pulls, searching for information and transcription; \$46 million from fewer duplicate laboratory tests; and \$37 million from fewer duplicate diagnostic imaging tests. Infoway investments in 22 ambulatory care EMR implementation projects have contributed to these results. These projects have involved approximately 25,000 clinicians in nine provinces. Find more [benefits evaluation studies](#) on Infoway's website.

**FIGURE 6** Estimated Aggregate Benefits

(in millions of dollars – inflation adjusted to 2015 dollars)



## Standards for the EHR

As a condition of investment, Infoway requires projects, where applicable, to use pan-Canadian standards and to align with the EHR Solution Blueprint. This enables clinicians to share information in a consistent and secure manner. To support EHR projects, Infoway co-ordinates the development and maintenance of pan-Canadian EHR standards. Each jurisdiction is best positioned to select the appropriate standards because implementations vary from region to region and may include systems established prior to Infoway investments.

Figure 7 indicates the current state of usage, implementation and planned usage of key pan-Canadian standards against the core elements of an EHR. The figure also reflects the fact that jurisdictions are at different stages of their EHR implementation. Plus and minus signs indicate where progress has been made or lost since March 31, 2015.

**FIGURE 7** Standards Conformance by Jurisdiction at March 31, 2016

	CLIENT REGISTRY	PROVIDER REGISTRY	DIAGNOSTIC IMAGING	DRUG INFORMATION SYSTEMS	LABORATORY INFORMATION SYSTEMS	CLINICAL REPORTS
BC			(+)			
AB			(+)		(+)	
SK						
MB						
ON						
QC						
NB						
NS						
PE						
NL					(+)	
YK				(+)	(+)	
NT			(+)			(+)
NU			(+)			(+)

■ Conformant
 ■ Partially conformant
 ■ Implementation in progress
 ■ Indicated commitment
 ■ Solution development predates pan-Canadian standards
 ■ Not applicable

# Performance Against 2015-2016 Objectives

"My first time I experienced digital health, I had to go to the walk-in clinic. I was glad to find out that they were using an e-booking system, so I didn't lose an entire day for a few minutes with the doctor."

Isabelle Cloutier, Montreal, QC

For more on this story, watch the video at  
<https://www.youtube.com/watch?v=3xrLblwxJMo>





# Enabling the Continuity of Care

Infoway's Summary Corporate Plan for the 2015-2016 fiscal year defined three key objectives and specific goals, or performance expectations, for each. The corporation's 2015-2016 operational plan was aligned with the Summary Corporate Plan. This section describes our progress on the performance expectations.

## 1. Improve the Continuity of Care

**Continue to support the adoption and use of electronic medical records (EMRs) in community and ambulatory care settings, ensuring that approximately 30,000 EMR users have access to clinical content from the electronic health record.**

Infoway has supported the adoption of electronic medical record (EMR) systems by more than 38,000 participating clinicians in ambulatory clinics and community-based practices across Canada. The data exchange between clinical systems provides enhanced clinical value for EMR users. To date, more than 30,000 participating clinicians have achieved a clinical interoperability milestone that provides them with access to clinical content from the electronic health record.

Infoway's certification program promotes the use of trusted, interoperable, standards-based digital health solutions, reducing the cost and risk to vendors and purchasers. In 2015-2016, the program continued to focus on consumer health applications and EMR products with 15 products either certified or recertified. Numerous other product certification and recertification activities were in progress at year-end. Several strategic initiatives were undertaken during the year including a Privacy & Security Certification Requirements Harmonization Project designed to reduce redundancy in testing by deploying a single national set of privacy and security criteria. The new requirements have been completed and are expected to be deployed in 2016-2017.

**Make progress on the implementation of the Clinical Engagement Strategy, which includes the goals of: advancing professional practice, educating the next generation, supporting direct care providers, increasing clinical value,**

**improving engagement, and linking with leaders through the Clinical Council, Reference Groups and other mechanisms.**

Advancing value for patients and clinicians through the use of digital health continued to be a focus of Infoway's Clinical Engagement Strategy throughout the year. Five new clinical peer network projects were launched, focusing on the effective use of advanced clinical e-functions and consumer health solutions. As well, this year nearly 30 faculty peer leaders engaged nearly 4,000 colleagues and students across the country (about 7,700 since inception) to help prepare the next generation to practise in the digital age, and numerous partnerships identified and highlighted best practices for improving health and health care using innovative digital solutions. The *Knowing is Better* for Clinicians education campaign also continued to grow. It has reached more than 650,000 clinicians and health leaders since 2012.



(L-R) Jessica Visentin, Leslie Dan Faculty of Pharmacy, Michael Green, President and CEO, Canada Health Infoway, Katherine Steckham, Faculty of Medicine.

In March 2016, Infoway was pleased to join Accreditation Canada once again to recognize five clinical leaders for their advanced use of technology in clinical practice and helping to accelerate the use of digital health solutions in Canada.

[LEADing Practice awards](#) were presented to the Centre for Addiction and Mental Health (CAMH), Couchiching Family Health Team, Hamilton Health Sciences, University Health Network and University of Calgary.

Also in March 2016, a team of medical and pharmacy students from the University of Toronto was recognized with the [2016 Student Interprofessional eHealth Award](#). The team developed the *Interprofessional Seniors Outreach* Program which includes an online education tool that highlights the importance of patient-centred care and collaborative clinical decision-making to deliver quality care to seniors. The award was presented by Infoway in partnership with the Association of Faculties of Medicine of Canada, the Association of Faculties of Pharmacy of Canada and the Canadian Association of Schools of Nursing.

### **Share knowledge and best practices nationally through the publication of guidelines for new and emerging digital health solutions via the Digital Health Blueprint.**

In March 2016, Infoway published an updated [Digital Health Blueprint: Enabling Coordinated & Collaborative Health Care](#). This overview document is intended for those interested in, or responsible for, employing information systems to better serve residents of Canada, the clinicians who care for them, and the organizations that provide health services. The Blueprint provides a framework for architecting and deploying digital health solutions, along with considerations for design choices and strategic planning. It goes well beyond the core interoperable EHR focus of the previous Blueprint and covers the broader digital health landscape. It also illustrates how current and emerging technologies can be incorporated into health care delivery processes to enable coordinated and collaborative health care. We have communicated the Digital Health Blueprint to stakeholders through presentations at conferences, jurisdictional briefing sessions and a public webinar.

## 2. Bring Care Closer to Home

**Build on the momentum of the Better Health Together public education campaign and Digital Health Week to engage Canadians and showcase how digital health is improving health and health care in Canada.**

2015-2016 marked the third year of Infoway's *Better Health Together* public education campaign and its strongest to date. Three new ads in the Think Again series were developed and advertised on TV and online, the geo-targeting initiative was expanded from four to 15 sites and the number and level of engagement from the campaign Supporting Organizations continued to grow. In addition, Digital Health Week, which was first introduced in 2014-2015 to provide a focus for celebrating the benefits of digital health, was much expanded this fiscal year. The week (November 16-22, 2015) included 12 activities/events such as tweet chats, webinars and a patient forum and had a total audience reach of 23 million, triple the reach of the previous year.

In terms of overall impact, the campaign has increased Canadians' appreciation for the use of digital health solutions by their clinicians. They seek and consider digital health solutions as a way to be more proactive in the management of their

own health and the health of their family and they have an elevated curiosity for what is possible. This is evidenced by the increased number and maturity of questions and comments on the [betterhealthtogether.ca](http://betterhealthtogether.ca) website as well as in high "awareness" and "desire" scores reported in Infoway's annual tracking survey.

**Make progress on our investments in at least eight jurisdictions in projects that encourage the use of key consumer health innovations, such as remote patient monitoring, e-booking and other technologies, to improve the patient experience, save Canadians time, and streamline health services.**

Over the course of the year, use of telehomecare (remote patient monitoring), e-booking and other consumer-related tools grew through investments in 10 jurisdictions. Canadians' desire to use these technologies continues and Infoway's investments have resulted in positive benefits for patients and providers. See page 12 for more information.

**Engage our "community of innovators" (clinicians and consumers) on an ongoing basis through webinars and other means, fostering dialogue to share their experience as well as lessons and results from research and investment projects.**

Two *Data Impact* Challenges were conducted to leverage existing health and health care information to delve into unanswered questions, such as the frequency of duplicate tests and baselines for "choosing wisely" recommendations on appropriate care. Thirty-four teams used their authorized access to data to provide answers to these pressing policy questions. A webinar series was held to further explore themes that arose as a result of answers from all teams. We also held a webinar about success factors for digital health innovation in Canada.

In March 2016 Infoway's [ImagineNation Challenges](#) celebrated [five years of success](#) in sparking innovation in Canada. Since March 2011 we have held 10 Challenges to inspire, provoke and promote innovation, and to foster a community of innovators whose ideas can transform health care in Canada. These Challenges have ignited a passion for digital health. More than 380 Challenge teams of patients, clinicians, administrators and researchers have accepted our Challenges. They have made more than 435 submissions and their solutions have resulted in more than 74 million uses of digital health. One Challenge resulted in 30 million social media impressions to help educate Canadians about public health. More than 230 awards have been presented to acknowledge our *ImagineNation* Challenge innovators.

Evolve our Benefits Evaluation Strategy including publishing and sharing new benefits evaluation studies in the use of digital health as a way to accelerate clinical value.

2015-2016 was a productive year with more than 25 benefits evaluation studies completed on topics such as patient access to lab results, ambulatory EMRs and telehomecare. Results are already informing efforts across Canada. Infoway also continues to provide support to evaluators across the country, including a refreshed [Benefits Evaluation Toolkit](#). With an updated benefits evaluation strategy now approved, the organization is well positioned to continue to build and share evidence that informs policy and practice over the next three years.

### 3. Support Clinicians and Patients in Adopting and Using Digital Health Solutions

Working with provincial/territorial ministries of health and other partners in building the six core systems of an electronic health record (EHR), continue to make progress on the implementation of EHRs with focus on drug domain.

EHR AVAILABILITY BY DOMAIN AS OF MARCH 31, 2016					
Client Registry	Provider Registry	Diagnostic Imaging in Hospitals	Medications	Laboratory	Clinical Reports or Immunizations
100%	100%	100%	69%	94%	100%

Infoway and its jurisdictional and other partners continued to make progress in making EHR data available for Canadians. As of March 31, 2016, EHR data was available for 93.8 per cent of Canadians. See page 7 for more details. Five of the six core systems of an EHR are at, or approaching, 100 per cent availability. Continued progress on the drug domain resulted in an increase in availability from 63 per cent the previous year to 69 per cent. It will be a top priority to further increase this number.

**Continue to connect more clinical settings (e.g., pharmacies, hospitals, continuing care facilities) to the EHR and achieve a total of more than 100,000 active EHR users.**

There were more than 139,000 active EHR users across Canada in 2016, up from 91,000 in 2015, an increase of more than 50 per cent. Active users

are authorized health care professionals who have accessed two or more clinical domains, such as lab information systems, drug information systems or diagnostic imaging repositories, at least once a month or three times per quarter. See page 8 for more details.

**Facilitate implementation and adoption efforts by providing leadership and guidance in the areas of privacy, security, solution architecture, interoperability and change management.**

In 2015-2016, Infoway continued to sponsor and manage the pan-Canadian Privacy Forum and the Health Information Privacy Group. The Privacy Forum brings together representatives from health ministries, e-health agencies and oversight offices to discuss current as well as future- looking information privacy issues and solutions for digital health solutions.

The Health Information Privacy Group completed a series of common understandings related to the governance of the secondary use of digital health information. The common understandings are intended to maximize the value and sharing of data assets arising from digital health information systems while protecting individual privacy. As well, in support of Infoway's focus on consumer health solutions, the Health Information Privacy Group made use of social media during Digital Health Week 2015 to reinforce the message that Canadians *have the right to access their information and that digital health can make this happen*. Consistent with this message, the matter of access to health information by persons under the age of 18 years is also being considered by the Health Information Privacy Group in conjunction with Infoway.

Two projects were launched in support of Infoway's Clinical Interoperability Strategy Action Plan. The first is studying the challenges related to data sharing agreements, while the second is focusing on enhancing consistency in privacy and security requirements for certification through Infoway's Certification Services program.

Emerging and innovative digital health solutions often result in new privacy and security implications. Throughout the year, presentations to forums and conferences, such as the Health System Use Summit, e-Health Conference 2015, and

Infoway Partnership Conference 2015, focused on emerging strategies and trends to anticipate future privacy requirements and guidelines.

Expanding on the mandate to provide leadership for digital health standards in Canada, Infoway launched the Digital Health Alliance. The Alliance is designed to maximize national collaboration on topics related to standards and accelerating interoperability. The Alliance focuses on the sharing of health information between clinical systems. Many Alliance activities are now supported by an online collaboration platform called [InfoCentral](#).

Infoway's Jurisdictional Implementers' Groups (JIGs) continued to provide support for EHR implementation and adoption in five investment programs: laboratory systems, diagnostic imaging, client/provider registries, drug information systems and enterprise architecture. The JIGs continue to inform jurisdictional strategies regarding topics relevant to their digital health deployment projects, such as data quality, change management, clinical adoption, and integration. More than 160 people from across participating jurisdictions come together regularly in the JIGs to discuss and collaborate on common implementation, deployment, operational and business issues and to share experiences and lessons learned in the jurisdictional projects. The JIGs also develop value-added materials and documentation that can be leveraged in projects across the country.

2015-2016 saw strengthened change management support, including an updated [change management toolkit](#), a new collaboration with HealthCareCAN on a first-of-its-kind change leadership program, a review of digital health adoption measurement, a well-attended webinar series, and numerous learning sessions.

**Deliver insights on the effective use of emerging technologies which leverage existing investments in the EHR through white papers, webinars, workshops, jurisdictional advisory groups and Digital Health Blueprint updates.**

As part of its white paper series, the Emerging Technology Group published a white paper about clinical analytics in primary care in February 2015. Now that the majority of Canada's primary care clinicians are using electronic medical records (EMRs), they are generating an ever increasing volume of electronic patient data. The white paper explores the potential that exists for this EMR data to be analyzed to glean insights that can inform treatment decisions for individual patients, monitor the health of larger patient populations, and drive focused improvements in quality, safety and outcomes. The [full white paper](#) and the [executive summary](#) are available on Infoway's website. Infoway also hosted a webinar about the topic that drew more than 180 participants.



See page 18 for more information about our activities around the Digital Health Blueprint.

In December 2015, Infoway published the results of a [study about health information networks \(HINs\)](#), conducted in partnership with Gartner Consulting. This stream of work is an example of the best practices activity being supported by the Digital Health Alliance, to gain insights into how to get more value from current investments in the interoperable EHR. HIN refers to an organization or group of organizations that provide a broader set of capabilities, functions and services than a health information exchange (HIE). A HIE is mostly related to interoperability and exchange mechanisms, while a HIN includes business and clinical process management, health information services, as well as information exchange and interoperability.

**Evaluate and promote the benefits and appropriate use of data and analytics to enable a high-performing health system, through the publication and presentation of a Health Analytics Blueprint.**

In February 2016, Infoway and the Canadian Institute for Health Information (CIHI) co-hosted a successful summit about health system use of

data, attended by more than 130 delegates from across Canada. [Health Analytics for Informed Decision Making](#) featured prominent Canadian and U.S. speakers who talked about the power of analytics to change the way we make decisions in health care, whether at the point-of-care, in a facility, or in health systems.

There are opportunities for the use and reuse of data in front-line care, clinical program management, health system management, population and public health monitoring, and health research. The summit highlighted the strong business case that exists for more investment in analytics in these areas because of the value analytics can provide in answering key questions faced by patients, clinicians, researchers, industry and health care leaders, and consumers. A Health Analytics Jurisdictional Discussion Forum has been established as a follow-up to the Summit.

Infoway has developed a Health Analytics Blueprint. The document will be published on our website in 2016-2017. Presentations about this Blueprint were made to numerous stakeholders via workshops and conferences during 2015-2016.

**With our partners, stimulate the Canadian economy through investment expenditures. The Conference Board of Canada estimates that every \$1 invested adds \$1.48 to GDP.**

An economic impact model developed by the Conference Board of Canada estimates that digital health solution investments made by Infoway and its jurisdictional partners through the \$500 million granted by the Government of Canada in 2010 will create 10,700 person-years of employment and add about \$1.48 to overall GDP for every \$1 invested. The model also estimates that about \$319 million will be recouped by federal, provincial and territorial governments through increased tax revenues. During 2015-2016, these investments generated an estimated 890 person-years of employment, had a positive impact on GDP estimated at \$92 million, and allowed the federal and provincial/territorial governments to recoup approximately \$18 million and \$8 million respectively. From the time the funding was granted in March 2010 through to March 31, 2016, there has been an estimated cumulative impact of 10,110 additional person-years of employment and a \$1.05 billion increase in GDP.

The corporation also defined performance expectations related to investment targets, accountability, human resources and jurisdiction-specific priorities, which fall within all three key objectives.

### Investment Targets

Infoway establishes investment approval and investment expenditure targets for each of its 12 investment programs every fiscal year. Our investment model requires specific contractual deliverables be met before payments are made, so meeting annual investment expenditure targets is a financial indicator as well as a barometer for the pace of implementation and advancement of annual planned project milestones and objectives. The investment approval target for 2015-2016 was \$38 million – a modest target in the absence of new capitalization – and Infoway approved a total of \$36.2 million. The investment expenditure target for 2015-2016 was \$125 million, based on jurisdictional plans. Infoway's investment expenditures for the fiscal year were \$134 million or 107 per cent of the target.

### Accountability Requirements

We continued to meet our accountability requirements by reporting quarterly to the Board of Directors on the status of program risks, issues and achievements, and we continued our practice of commissioning independent risk-based field audits on expenditure claims. The current field audit cycle also included follow-ups on corrective measures recommended in previous audits. Unqualified reports for the annual independent financial and compliance audits were delivered without any recommendations to Management.

Infoway received a positive report on an independent evaluation of the corporation's performance under the 2003 funding agreement with the federal government. The agreement gave Infoway a grant of \$1.1 billion to accelerate the deployment of electronic health records (EHRs), standards and telehealth. This is the third such performance evaluation for this funding agreement, following positive ones in 2006 and 2011. The [\*March 2016 Independent Performance Evaluation\*](#) report concluded that Infoway “delivered strong performance on achievement of all outcomes in the funding agreement” and

that “strong progress has been achieved on all fronts.” The report did not make any recommendations as to things Infoway should improve upon.

### Human Resources

Infoway's employee development initiatives focused on supporting the theme of innovation through e-learning, internal leadership development workshops and providing self-study resources. Along with these activities, the action plans created as an outcome of the employee survey results encouraged knowledge and information sharing to strengthen collaboration and engagement. Later in the year, Infoway changed the organizational structure to meet the new strategic directions, which included a realignment of some of its employees to reflect the skills needed to support new roles. We provided mental health training to all employees to voluntarily support the National Standard of Canada for Psychological Health and Safety in the Workplace (Standard) championed by the Mental Health Commission of Canada and developed by the Canadian Standards Association and the Bureau de normalisation du Québec. And corporate social responsibility continued to be a focus, with 68 per cent of employees participating in the annual United Way campaign.

## Jurisdiction-Specific Priorities and Outcomes

In 2015-2016, Infoway identified 39 project objectives across the 13 jurisdictions, based on jurisdictional plans and project milestone deliverables. Thirty-six of these objectives were either completely or partially achieved, and eight of them actually exceeded their targets. Here are some of the key achievements:

- ▲ The client registry component of **British Columbia's** hospital information system (HIS) Connect project has been successfully integrated with six health authorities, providing better service to patients and the most accurate data to clinicians. Electronic medication reconciliation is underway in three health authorities, eliminating manual transcription of PharmaNet patient data during medication reconciliation in hospitals, and implementing electronic prescribing for outpatients. This will improve patient safety by ensuring that the best possible medication history is available to clinicians. Patient safety will also be improved as a result of a provincial solution that is being deployed to allow seamless access to diagnostic imaging across all health authorities.
- ▲ **Alberta** Health Services has consolidated all lab results in a single repository, in readiness for making the data available to clinicians and leading to better care. Work is also progressing

on the Alberta Personal Health Record initiative to enable patients to be more involved in their own care. This will include giving them electronic access to comprehensive and reliable medical information as well as access to and input into their own medical records. The province has completed a Privacy Impact Assessment to ensure that personal health information is protected.

- ▲ The Citizen Health Portal has been launched in **Saskatchewan** to give people electronic access to their own health information and to enable them to be more active participants in their own care. A telehomecare (remote patient monitoring) pilot project for people with chronic diseases has been completed, resulting in high levels of satisfaction from participants. (See page 10 for more details.) The province has also completed implementation of the immunization module for the Panorama public health surveillance system, providing support to public and family health teams for immunization management.
- ▲ **Manitoba** has also completed the implementation of the Panorama immunization module, as well as the inventory module, and both have been rolled out to regional health authorities. As well, Manitoba has begun implementing a single sign-on project to give more clinicians access to clinical information through eChart Manitoba, the province's electronic health record (EHR) viewer.

- ▲ Telehomecare (remote patient monitoring) services are now provided in 10 Local Health Integration Networks in **Ontario**, reducing emergency room visits and hospital stays. During the past fiscal year, an additional 3,300 patients were enrolled, for a total of more than 5,800 over two years. The Connecting GTA project is continuing to make progress in integrating electronic patient information from across the care continuum and making it available at the point of care to improve the patient and clinician experience. There are now more than 6,000 active users of the solution. All public health units in the province are now using the Panorama immunization module and those who need to track the supply of vaccines are using the inventory module. More than 5,100 ambulatory EMR seats have been implemented across 36 hospitals, and more than 5,000 community-based clinicians have access to hospital reports such as discharge summaries through their EMRs. The province's Laboratory Information System now includes 86 per cent of provincial lab data, which is accessible to more than 9,000 community-based clinicians and more than 26,000 hospital-based clinicians.
- ▲ All community pharmacies in **Quebec** are now connected to the drug information system, enabling physicians to consult medication profiles and e-prescribe through one of the certified EMRs. This is resulting in better

patient care and fewer adverse drug events. Eighty-seven per cent of registered clinicians in the EMR program have achieved specified clinical value targets (using EMRs to support clinical activities), and more than 1,500 clinicians are e-prescribing on a monthly basis. Clinicians in all regions can consult lab test results online through the provincial lab information system, which now includes 97 per cent of public and private lab test results. The EHR viewer has been deployed to more than 46,000 users in primary and emergency settings, and more than 17,000 active users access the EHR every month. As well, the Panorama immunization registry is now capturing immunization records electronically in all regions, with more than 3,400 active users.

- ▲ In **New Brunswick**, 416 clinicians have enrolled in the electronic medical record (EMR) program and 48 per cent have achieved specified clinical value targets. These clinicians are now able to link to the One Patient, One Record EHR System where they can view a patient's relevant clinical information. As well, 15 per cent of community pharmacies are now connected to the province's drug information system, enabling medication profiles for patients to be accessible through the One Patient, One Record EHR System.

- ▲ Seventy-five per cent of community pharmacies in **Nova Scotia** are now connected to the drug information system, enabling authorized clinicians to consult patients' medication profiles through the EHR viewer.

- ▲ **Prince Edward Island** has successfully implemented a telehomecare (remote patient monitoring) program for patients with heart failure. By March 31, 2016, 17 patients had participated in the program, enabling them to receive care and support from their own homes through electronic monitoring by clinicians in other locations.

- ▲ Implementation of the interoperable EHR/Lab solution is continuing to progress in **Newfoundland and Labrador**. Clinicians in the Eastern Health region are now connected to the solution, enabling them to access relevant clinical data. Eastern Health has also begun a telehomecare (remote patient monitoring) program for patients with heart failure and chronic obstructive pulmonary disease (COPD). By March 31, 2016, 69 patients had enrolled in the program.

- ▲ **Yukon's** HIS Connect project has connected Whitehorse General Hospital Laboratory with physician offices, enabling more timely receipt of lab orders and results, and better care. The territory has also re-launched its electronic health record initiative and has procured solutions for a

client registry and a drug information system. As well, it has initiated project work to advance the electronic ordering and results reporting between the Yukon and the Provincial Health Services Authority for certain types of lab tests.

- ▲ In the **Northwest Territories**, 56 per cent of all clinicians enrolled in the EMR program have met specified clinical value targets for using EMRs to support clinical activities.

- ▲ **Nunavut** has deployed the foundational modules of the MEDITECH Clinical Information System to four Community Health Centre sites, enabling remote communities to order and receive laboratory and diagnostic imaging results as well as have access to all clinical notes and clinical reports (e.g., consultations, pathology results) available in the system. This supports easier and quicker collaboration among clinicians in disparate parts of the territory, enabling quicker patient diagnoses and treatment. As well, three Community Health Centres have implemented teleradiology solutions, enabling the production, storage and transmission of high quality digital images. These images are read by southern partners allowing relevant, timely diagnoses in approximately one third of the time previously experienced.

# Priorities for 2016-2017



"I think the real value of remote patient monitoring for people with chronic illness is the proactive and timely nature of the interventions that remote patient monitoring allows us to begin. A second thing is that I think remote patient monitoring really empowers people and it lets them feel a lot more confident about how they can manage their own health."

Donna Goodridge, R.N., Ph.D., Professor, College of Medicine, University of Saskatchewan, Saskatoon, SK

For more on this story, watch the video at  
<https://www.youtube.com/watch?v=b6QPNjE9vv4>



# Delivering the Next Wave of Digital Health Innovation

In December 2015, Infoway's Board of Directors approved the Corporation's 2016-2017 Summary Corporate Plan – essentially the organization's business plan for the next fiscal year. The plan defines three key objectives and performance expectations for each. We have included a synopsis here, but for greater context please read the full [2016-2017 Summary Corporate Plan](#).



## Safer and More Effective Medication Management

Infoway will facilitate better, safer and more appropriate prescription drug use by Canadians by establishing a multi-jurisdiction e-prescribing solution. e-Prescribing allows prescribers to transmit a prescription to a patient's pharmacy of choice electronically, thus eliminating the need for paper prescriptions.

## Scale Patient-Centred Digital Health Solutions

Infoway will scale proven, patient-centred digital health solutions to empower patients and deliver access, quality and efficiency benefits. Two categories of these solutions are ready now to be scaled across provinces and territories: patient online services (e-visits, e-renewals, e-booking and e-views)

and telehomecare, which uses digital technology to monitor patients remotely and can alert health care providers to a change in their patient's condition before a hospital visit is required.

## Continue to Leverage Foundational Investments

Infoway will continue to leverage foundational investments to support more seamless health services and better informed care. This includes: implementation of six core systems of an EHR (client and provider demographics, diagnostic images, profiles of dispensed drugs, laboratory test results and clinical reports or immunizations); implementation of public health surveillance solutions; adoption of electronic medical records (EMRs); and telehealth and other point-of-care solutions.

# Management's Discussion and Analysis of Financial Condition and Results of Operations

"Utilizing technology is extremely important in providing better patient care. Having access to digital health records helps us. Having access to their previous medical history, their current medical history and all of the medications that they're on helps us a lot, and being able to transmit ECGs to cardiologists so we can take care of heart attack patients better and faster."

Sean Vesak, paramedic, Alberta Health Services, Edmonton, AB

For more on this story, watch the video at  
<https://www.youtube.com/watch?v=ah9TWBx1-PA>



# A Continuing Commitment to Accountability

The following section provides an overview of Infoway's operations and a detailed explanation of its financial statements and should be read in conjunction with those statements. This discussion and analysis is the responsibility of Management.

The Board of Directors carries out its responsibility for review of Infoway's Financial Statements through its Finance, Investment and Audit (FI&A) Committee, whose voting members are independent of Management. The FI&A Committee reviews the financial statements and recommends their approval by the Board of Directors.

This section includes certain forward-looking statements that are based on current expectations and, therefore, subject to risks and uncertainties. Many internal and external factors may cause actual results to differ materially.

## Governance and Accountability

Infoway was established in 2001 as an independent, not-for-profit shared governance corporation. Funding agreements provide guiding principles for the use of the funds received from the federal government and set out expected results. The governance of the corporation is based on collaboration on an equal basis and shared oversight by the federal, provincial and territorial governments. Infoway's funding agreements require the corporation to meet annual audit requirements and other specified reporting requirements as well as provide effective management and stewardship of the \$2.1 billion in capitalization entrusted to Infoway. Infoway's Board and Management safeguard its funds and project investments by adopting best practices and continuous improvement initiatives.

The funding agreements with the Government of Canada require that, in its annual report, Infoway provide the results of any program evaluation or performance (value for money) audit. Under its 2003 funding agreement, Infoway was required to

conduct a performance evaluation in 2006 and every five years thereafter. The March 2016 performance evaluation was commissioned by Infoway's Board of Directors to meet the funding agreement obligations. The 2016 evaluation report concluded that Infoway delivered strong performance on achievement of all of the outcomes in the funding agreement. The 2003 funding agreement and Infoway's execution of it, in partnership with provincial and territorial jurisdictions and other stakeholders, have had a very high impact. The [\*March 2016 Independent Performance Evaluation\*](#) report is available on Infoway's website.

## Investment Funds and Performance

To exercise prudent and effective management and stewardship of the investment funds, Infoway has an independent custodian of the funds, which also provides compliance services. An investment manager is retained to ensure the cash-flow matching strategy is applied, and an investment consulting firm provides advisory services.

A Board-approved statement of investment policy, based on the funding agreements with the federal government, governs the fund investments. The primary objective stated in Infoway's investment policy is the preservation of capital. A secondary objective is maximizing the return. The investment strategy, policy and management structure are reviewed annually.

In April 2014, Infoway moved toward a cash-flow matching strategy for its Main fund and Health surveillance fund. The objective of the cash-flow matching strategy is to ensure alignment between Infoway's assets and liabilities.

**FIGURE 8** Performance Summary as at March 31, 2016

FUND	MARKET VALUE (\$ MILLIONS)	1 YEAR	4 YEARS
Main fund	\$286.7	0.88%	2.15%
Health surveillance fund	\$34.6	0.77%	2.10%
EHICT fund	\$0.7	0.44%	0.96%
2010 budget grant fund	\$5.5	0.55%	1.02%

Risk Management

Information technology investments, in general, entail risk and this is compounded by the large-scale innovative technologies and multiple partners needed to transform a complex health care system. Recognizing this, Infoway has committed to an integrated, or enterprise risk management (ERM) approach since fiscal year 2005-2006. This integrated approach entails collaborative project and program risk assessments with jurisdictions, quarterly corporate risk assessments as well as quarterly reporting and discussion at the Board.

This integrated framework forms the foundation for the setting of appropriate risk management processes and the consistent communication and reporting of key risks that could have an impact on the achievement of Infoway’s business objectives and strategies. Infoway’s ERM framework clearly indicates the roles and accountabilities of senior management and the Board (see Figure 9).

FIGURE 9 Infoway’s Risk Management Framework

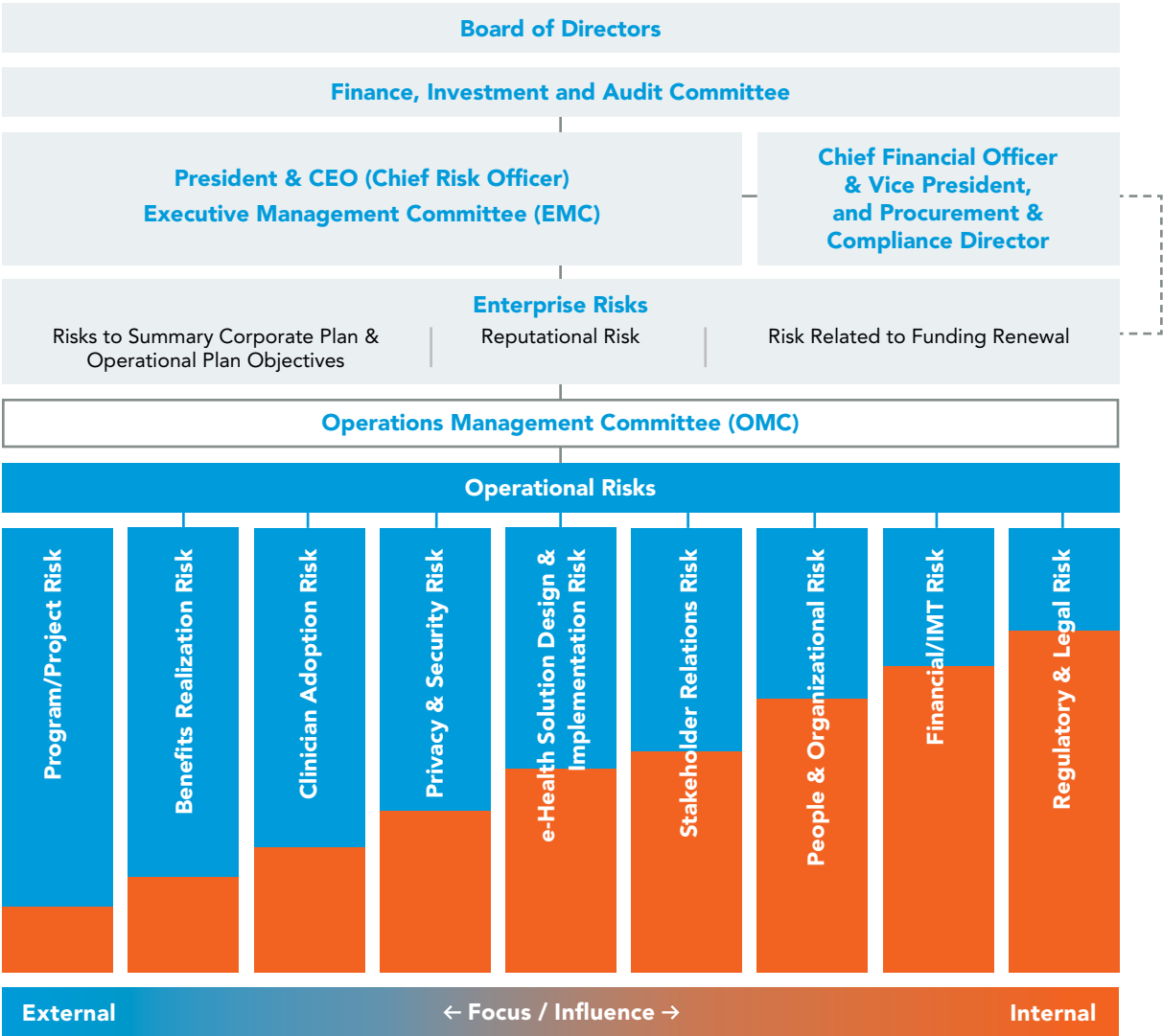
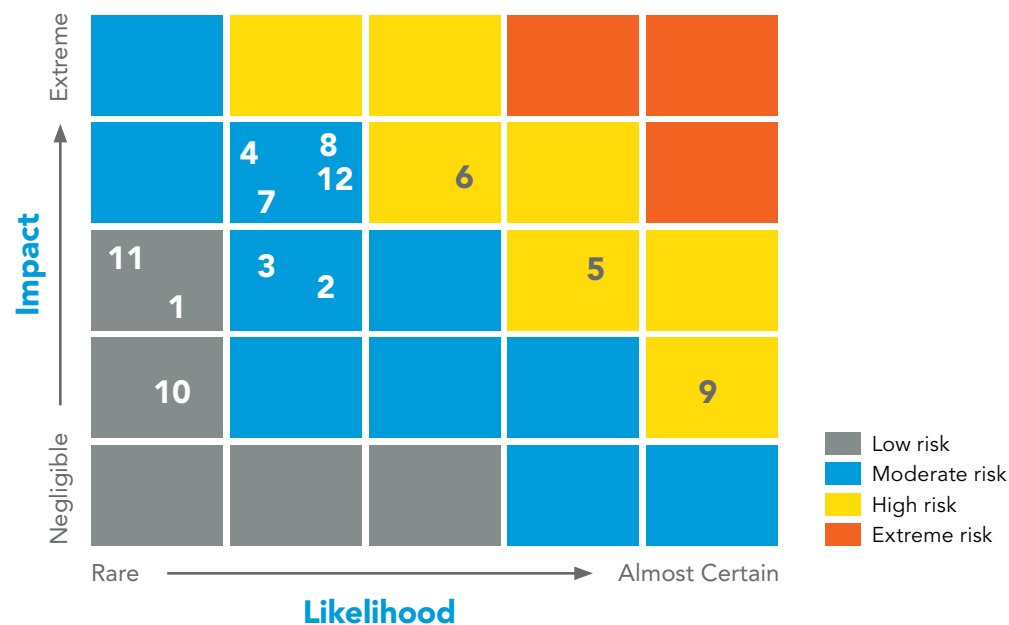


Figure 10 depicts the assessment of key risks (some of which are outside of Infoway's direct control), at the end of the 2015-2016 fiscal year. Infoway has developed and implemented a range of tactics designed to mitigate these elements appropriately. Through its Finance, Investment and Audit Committee, the Board reviews on a quarterly basis Management's assessment of the key risks, including any emerging and new risks, as well as the mitigation tactics to ensure the successful attainment of Infoway's goals.

The risk assessment for each of the 12 categories reflects continued progress with existing programs/investment projects and a decreased level of uncertainty surrounding Infoway's environment.

**FIGURE 10** Risk Map as at March 31, 2016



#### Key Risk Areas

- |  |   |                             |
|--|---|-----------------------------|
| 1 Summary Corporate Plan and Operational Plan objectives | 5 Privacy and security                        | 9 People and organizational |
| 2 Reputation   | 6 e-Health solution design and implementation | 10 Financial and IMT        |
| 3 Benefits realization                                   | 7 Stakeholder relations                       | 11 Regulatory and legal     |
| 4 Clinician adoption                                     | 8 Programs/projects                           | 12 Funding renewal          |



## Management's Explanation of Results

As at March 31, 2016, total funding available for investment projects amounted to \$2.162 billion, and Infoway had approved a cumulative total of \$2.107 billion in project funding (97.4 per cent of total funds). These amounts are specifically earmarked and not available for other initiatives.

Program/project investment expenditures totaled \$134 million for this fiscal year against a corporate objective of \$125 million. Program/project investment expenditures since inception totaled \$1.877 billion. It is expected that program/project expenditures will reach a corporate target of \$130 million in 2016-2017. Cumulative program/project expenditures for the year ending March 31, 2017, are expected to reach \$2.007 billion.

Investment income, net of custodial and investment management fees and change in fair value of investments, amounted to \$2.8 million for fiscal year 2015-2016 compared to \$11.7 million for the previous year. Investment income is influenced by the pace of outflows, as well as rates of return, which are influenced by financial market conditions.

The total fund balance was \$321.3 million as of March 31, 2016. A cumulative total of \$2.107 billion in project funding has been approved and committed, of which \$229.7 million was not spent as of the same date, as explained in more detail below.

Total remuneration, including any fee allowance or other benefit, of Infoway's Management team involved in the deployment or execution of the purpose of the funding agreements for the fiscal year ending March 31, 2016, amounted to \$3.8 million.

### Projects and Programs

Infoway's Board previously approved the specific strategies and allocated funds for each of the 12 existing investment programs. Following this, Infoway has continued to work closely with the jurisdictions to define specific projects within the 12 programs.

Program investment expenditures are recognized on a milestone-completion basis. Investment expenditures are recognized when work is actually completed on individual projects based on predetermined deliverables.

In this cost-sharing investment model, Infoway can move only as quickly as its sponsors can match funds and deliver the projects. Many factors affect their pace including: jurisdictional readiness, competing priorities, lengthy procurement processes, and vendor product readiness.

Building on the delayed projects review conducted in 2014-2015, Management will establish a new business initiative to conduct an in-depth assessment of all remaining EHR, EMR, telehealth and public health surveillance projects. The goal is to bring existing projects and programs to closure, typically within the next 24 months, recouping any unspent funds for reinvestment in Infoway's new strategic priorities.

**FIGURE 11** Project Information as at March 31, 2016

(in millions of dollars)

PROGRAMS	INVESTMENT EXPENDITURES	COMMITMENTS	TOTAL*
Infostructure	63.3	–	63.3
Interoperable EHR	323.8	42.4	366.2
Innovation & Adoption	118.0	3.6	121.6
Diagnostic Imaging Systems	337.4	27.6	365.0
Laboratory Information Systems	145.9	22.0	167.9
Drug Information Systems	167.5	25.6	193.1
Registries	125.8	2.1	127.9
Telehealth	104.3	4.4	108.7
Public Health Surveillance	111.9	25.0	136.9
Patient Access to Quality Care	38.9	3.6	42.5
EMR & Integration	292.0	48.0	340.0
Consumer Health Solutions	48.4	25.4	73.8
<b>TOTAL</b>	<b>1,877.2</b>	<b>229.7</b>	<b>2,106.9</b>

All values are cumulative since inception.

\* Net of project surpluses from completed projects.

**FIGURE 12** Summary of Project Approvals and Investment Expenditures

(in millions of dollars)

	2014 LTD	2014-2015 ACTUALS	2015-2016 ACTUALS	2016 LTD	2016-2017 ESTIMATED	2017 ESTIMATED LTD
Projects/programs approved*	2,049.9	20.8	36.2	2,106.9	N/A	N/A
Number of projects	393	13	13	419	N/A	N/A
Investment expenditures	1,604.2	139.0	134.0	1,877.2	130.0	2,007.2
Operating expenses	248.1	18.4	18.9	285.4	17.5	302.9

LTD: Life to Date

\*LTD cumulative total project approvals are net of surpluses from previously closed projects.

Operating expenses over the years have been primarily funded by investment income generated on the Main fund.

# Independent Auditors' Report

To the Members of  
Canada Health Infoway Inc.

## Report on the Financial Statements

We have audited the accompanying financial statements of **Canada Health Infoway Inc.**, which comprise the balance sheet as at March 31, 2016 and the statements of operations and cash flows for the year ended March 31, 2016 and a summary of significant accounting policies and other explanatory information.

## Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

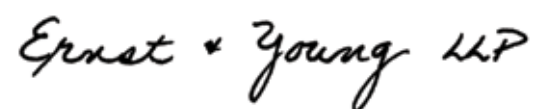
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes

evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of **Canada Health Infoway Inc.** as at March 31, 2016 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.



Montréal, Canada  
May 25, 2016

<sup>1</sup> CPA auditor, CA, public accountancy permit no. A120254

# Balance Sheet

As at March 31  
(in thousands of dollars)

	2016 \$	2015 \$
<b>ASSETS</b>		
<b>Current</b>		
Cash	988	1,534
Temporary investments [note 3]	163,208	99,615
Receivables	1,964	8,829
Sales tax recoverable	3,725	1,654
Prepaid expenses	1,056	1,154
	170,941	112,786
Portfolio investments [note 3]	162,671	330,046
Tangible assets [note 4]	255	541
Intangible assets [note 5]	283	261
	334,150	443,634
<b>LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS</b>		
<b>Current</b>		
Accounts payable and accrued liabilities	72,545	106,653
Deferred contributions [note 6]	261,067	336,179
Deferred capital contributions [note 6]	538	802
	261,605	336,981
<b>Net assets</b>	—	—
	334,150	443,634

Commitments [note 7]

See accompanying notes to financial statements

On behalf of the Board:



Graham W.S. Scott,  
C.M., Q.C., Director



Arnold Park,  
Director

# Statement of Operations

Year ended March 31  
(in thousands of dollars)

	2016 \$	2015 \$
<b>EXPENSES</b>		
<b>Programs and projects</b>		
Infostructure	5,021	4,824
Interoperable EHR	44,371	19,453
Innovation and Adoption	6,639	9,741
Diagnostic Imaging Systems	7,110	3,263
Laboratory Information Systems	13,284	10,085
Drug Information Systems	2,707	8,304
Registries	1,260	1,259
Telehealth	4,926	3,167
Public Health Surveillance	5,923	7,519
Patient Access to Quality Care	3,769	1,632
Electronic Medical Record	28,062	59,687
Consumer Health Solutions	10,880	10,081
	<b>133,952</b>	<b>139,015</b>
<b>Operating</b>	<b>18,894</b>	<b>18,425</b>
	<b>152,846</b>	<b>157,440</b>
<b>REVENUE</b>		
Contribution from restricted resources [note 6]	152,393	156,867
Amortization of deferred contributions relating to:		
Tangible assets	320	368
Intangible assets	133	205
	<b>152,846</b>	<b>157,440</b>
<b>Excess of revenue over expenses for the year, being net assets at end of year</b>	<b>—</b>	<b>—</b>

See accompanying notes to financial statements



# Statement of Cash Flows

Year ended March 31  
(in thousands of dollars)

	2016 \$	2015 \$
<b>OPERATING ACTIVITIES</b>		
Contribution received from the Government of Canada	82,700	87,957
Restricted investment income received	14,443	9,412
Cash paid for projects, programs and operating expenses	(196,888)	(155,256)
<b>Cash used in operating activities</b>	<b>(99,745)</b>	<b>(57,887)</b>
<b>INVESTING ACTIVITIES</b>		
Net disposal of investments	99,388	59,020
Acquisition of tangible assets	(34)	(198)
Acquisition of intangible assets	(155)	(165)
<b>Cash provided by investing activities</b>	<b>99,199</b>	<b>58,657</b>
 <b>Net change in cash during the year</b>	 <b>(546)</b>	 <b>770</b>
Cash, beginning of year	1,534	764
<b>Cash, end of year</b>	<b>988</b>	<b>1,534</b>

See accompanying notes to financial statements

# Notes to Financial Statements

March 31, 2016

(Amounts in tables are in thousands of dollars)

## 1. Incorporation and Nature of Operations

The Corporation was incorporated by Letters Patent on January 22, 2001 under Part II of the Canada Corporations Act and commenced active operations on March 21, 2001. The Corporation is a not-for-profit entity, as such, is exempt from income taxes. On September 5, 2013, in order to make the transition under the new Canada Not-for-profit Corporations Act, the objectives of the Corporation have been updated to reflect current realities and potential future opportunities.

The objectives of the Corporation are as follows:

- [a] Accelerate and promote the development, adoption and benefits of modern, innovative and transformative systems of electronic health information and communication technologies;
- [b] Enter into arrangements with the governments of Canada, the provinces and territories, corporations, not-for-profit organizations, other persons, international governments and international organizations relating to the development, implementation, adoption and use of electronic health information and communication technologies;

[c] Define, maintain and promote the use of architectures, frameworks, standards, and other enablers to support the compatibility, interoperability and benefits derived from electronic health information and communication technologies;

[d] Promote principles and practices that protect personal privacy, confidentiality of individual records and security of health information;

[e] Share knowledge, expertise and skills to promote better health and health care for Canadians.

The Corporation was funded by the Government of Canada with an initial contribution of \$500,000,000 on March 21, 2001, by an additional contribution of \$600,000,000 on July 31, 2003 and by another contribution of \$100,000,000 on June 8, 2004. These contributions were received in the form of global direct payment.

On March 30, 2007, the Corporation entered into an agreement with the Government of Canada for an additional contribution of \$400,000,000. As at March 31, 2016, the Corporation received contributions amounting to \$377,773,865 [\$364,939,672 – 2015]. These contributions were disbursed on demand according to the annual cash flow requirements.

On March 30, 2010, the Corporation entered into an agreement with the Government of Canada for an additional contribution of \$500,000,000. As at March 31, 2016, the Corporation received contributions amounting to \$427,507,629 [\$357,641,355 – 2015]. These contributions were disbursed on demand according to the annual cash flow requirements.

The contributions are restricted and are subject to terms and conditions set out in the related funding agreements.

## 2. Significant Accounting Policies

The financial statements have been prepared by management in accordance with Part III of the CPA Canada Handbook – Accounting standards for Not-for-Profit Organizations which sets out generally accepted accounting principles for not-for-profit organizations in Canada and include the significant accounting policies described hereafter.

# Notes to Financial Statements

March 31, 2016

(Amounts in tables are in thousands of dollars)

## Use of estimates

The preparation of financial statements in conformity with Accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the period. Actual results could differ from these estimates.

## Revenue recognition

The Corporation follows the deferral method of accounting for contributions.

Externally restricted contributions from the Government of Canada and investment income on deferred contributions are initially recorded in the accounts as deferred contributions and then recognized as revenue in the year in which the related expenses are recognized. Contributions restricted for the purchase of tangible and intangible assets are deferred and amortized into revenue on a straight-line basis, at a rate corresponding with the depreciation and amortization rate for the related assets.

## Cash

Cash includes only bank balances. Cash with investment managers and highly liquid short-term investments with a maturity of one year or less from the date of acquisition are considered as temporary investments.

## Investments

Temporary and portfolio investments are recognized at their fair value at the balance sheet date using the trade date value. Changes arising from their subsequent measurements are recorded in deferred contributions. The fair value of investments is based on the quoted market prices obtained from the independent investment custodian. Transaction costs to acquire or dispose of these investments are recorded in deferred contributions in the period during which they are incurred.

## Receivables

Receivables include the contribution receivable from the Government of Canada when the Corporation's claimable amount for the year just ended exceeds the amount received. Receivables are initially recorded at fair value and subsequently measured at amortized cost.

When there are indications of possible impairment, the Corporation determines if there has been a significant adverse change to the expected timing or amounts of future cash flows expected from the receivables. Reversals are permitted, but the adjusted carrying amount of the receivables shall be no greater than the amount that would have been reported at the date of the reversal had the impairment not been recognized.

## Tangible assets

Tangible assets consist of equipment and are carried at cost, less accumulated depreciation. Assets are amortized over their estimated useful lives using the straight-line method. Depreciation rates are the following:

Computer equipment	3 years
Office equipment	5 years

## Intangible assets

Intangible assets are carried at cost, less accumulated amortization. Assets are amortized over their estimated useful lives using the straight-line method. Amortization rates are the following:

Software and licenses	3 years
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# Notes to Financial Statements

March 31, 2016

(Amounts in tables are in thousands of dollars)

## Impairment

Tangible and intangible assets are assessed for impairment whenever events or changes in circumstances indicate that they no longer have any long term service potential to the Corporation. The impairment loss, the amount by which the carrying amount of these assets exceeds their residual value, if any, is charged to operations.

## Accounts payable and accrued liabilities

Accounts payable and accrued liabilities are initially recorded at fair value and subsequently measured at amortized cost. Accounts payable and accrued liabilities include the contribution repayable to the Government of Canada when the amount received exceeds the Corporation's claimable amount for the year just ended.

## Allocation of expenses

Some operating expenses such as information technology, office facilities, depreciation and some support functions were allocated to Programs and Projects based on level of effort and volume of projects. Total allocated expenses for the year ended March 31, 2016 was \$2,756,952 [\$3,196,055 – 2015].

## 3. Investments

	FAIR VALUE	
	2016 \$	2015 \$
<b>TEMPORARY INVESTMENTS</b>		
Bonds	110,477	68,777
Pooled Money Market Funds	52,731	30,838
	163,208	99,615
<b>PORTFOLIO INVESTMENTS</b>		
Bonds	162,671	330,046
	325,879	429,661

Bond maturities range between April 2016 and November 2018.

Through its investments, the Corporation is exposed to credit risk. Credit risk is the risk that a counterparty will not meet its obligations under a financial instrument leading to a financial loss. It is the Corporation's policy to only invest in debt of counterparties with at least A- [or its equivalent category] investment ratings. Rating for at least two of the four following rating agencies: Moody's Investors Service Inc., Standard & Poor's Ratings Services, Fitch Rating Ltd. and DBRS Ltd. are applied for the up-front multi-year funding [2007

EHICT Fund and the 2010 Budget Grant Fund]. The principal amount will not be invested in shares, warrants, or other equities, convertible debt securities, derivatives, swaps, options or futures.

The Corporation is exposed to interest rate risk on temporary and portfolio investments because the fair value will fluctuate due to changes in market interest rates. For the year ended March 31, 2016, the effective interest rate on investments varied between 0.4% and 1.9% [0.5% and 1.5% – 2015] depending on their respective maturities.

# Notes to Financial Statements

March 31, 2016

(Amounts in tables are in thousands of dollars)

## 4. Tangible Assets

Tangible assets include the following:

	COST \$	ACCUMULATED DEPRECIATION \$	NET BOOK VALUE \$
<b>MARCH 31, 2016</b>			
Computer equipment	3,923	3,804	119
Office equipment	2,356	2,220	136
	<b>6,279</b>	<b>6,024</b>	<b>255</b>
<b>MARCH 31, 2015</b>			
Computer equipment	3,921	3,560	361
Office equipment	2,349	2,169	108
	<b>6,270</b>	<b>5,729</b>	<b>541</b>

During the year ended March 31, 2016, the Corporation disposed of computer and office equipment amounting to \$25,052 [\$995,237 - 2015] which were fully amortized.

## 5. Intangible Assets

Intangible assets include the following:

	COST \$	ACCUMULATED AMORTIZATION \$	NET BOOK VALUE \$
<b>MARCH 31, 2016</b>			
Software and licenses	4,821	4,538	283
<b>MARCH 31, 2015</b>			
Software and licenses	4,666	4,405	261

# Notes to Financial Statements

March 31, 2016

(Amounts in tables are in thousands of dollars)

## 6. Deferred Contributions

Deferred contributions related to expenses of future periods represent unspent externally restricted contributions, together with investment revenue earned, which have been restricted for the purpose defined in the objectives of the Corporation.

	2016 \$	2015 \$
<b>Deferred contributions, beginning of year</b>	<b>336,179</b>	393,917
Current year contribution from the Government of Canada	<b>78,995</b>	83,910
Contribution receivable from (repayable to) the Government of Canada	<b>(4,435)</b>	3,705
Investment income earned on contribution received during the year	<b>127</b>	154
Investment income earned on resources restricted to finance future disbursements:		
Interest income	<b>9,101</b>	11,396
Loss on sale of investments	<b>(1,523)</b>	(289)
Change in fair value of investments	<b>(4,394)</b>	1,093
Custodial and portfolio management fees	<b>(401)</b>	(477)
	<b>2,783</b>	11,723
Income recognized as revenue during the year	<b>(152,393)</b>	(156,867)
Amount applied toward tangible and intangible assets acquired during the year	<b>(189)</b>	(363)
<b>Deferred contributions, end of year</b>	<b>261,067</b>	336,179

The deferred contributions at the end of the year consist of:

Contributions related to the 2001-2004 Funding agreements	<b>278,140</b>	383,843
Contributions related to the 2007 Funding agreement	<b>(2,219)</b>	(4,536)
Contributions related to the 2010 Funding agreement	<b>(14,854)</b>	(43,128)
<b>Deferred contributions, end of year</b>	<b>261,067</b>	336,179



# Notes to Financial Statements

March 31, 2016

(Amounts in tables are in thousands of dollars)

## Deferred capital contributions

Deferred capital contributions represent the unamortized amount of contributions received and applied toward the purchase of tangible and intangible assets. The amortization of capital contributions is recorded as revenue in the statement of operations on the same basis as the amortization of the related tangible and intangible assets.

	2016 \$	2015 \$
<b>Deferred capital contributions, beginning of year</b>	<b>802</b>	<b>1,012</b>
Contribution applied toward the purchase of:		
Tangible assets	<b>34</b>	198
Intangible assets	<b>155</b>	165
	<b>189</b>	363
Amount amortized to revenues during the year related to:		
Tangible assets	<b>(320)</b>	(368)
Intangible assets	<b>(133)</b>	(205)
	<b>(453)</b>	(573)
<b>Deferred capital contributions, end of year</b>	<b>538</b>	<b>802</b>

# Notes to Financial Statements

March 31, 2016

(Amounts in tables are in thousands of dollars)

## 7. Commitments

### Contractual commitments

Since inception, the Corporation was awarded funding totalling \$2.1 billion to finance specific projects approved and committed to by the Board of Directors, subject to terms and conditions set out in the related funding agreements.

In accordance with its investment strategy, the Corporation has, since its inception, committed to finance, in whole or in part, project expenses totaling \$2.1 billion subject to the achievement of certain milestones by the Corporation's project sponsors. As of March 31, 2016, the unspent portion of these projects amounted to \$229.7 million of which \$189 million represents contractual commitments over the next three fiscal years.

### Operating lease commitments

The Corporation rents premises under operating leases which expire November 30, 2020.

Minimum annual rental payments to the end of the lease terms are as follows:

	\$
2017	1,831
2018	1,842
2019	1,835
2020	1,612
2021	332
	<hr/> 7,452

# Corporate Information

## MEMBERS OF THE CORPORATION

### **Stephen Brown**

Deputy Minister of Health  
Government of British  
Columbia

### **Carl Amrhein**

Deputy Minister of Health  
Government of Alberta

### **Max Hendricks**

Deputy Minister of Health  
Government of Saskatchewan

### **Karen Herd**

Deputy Minister of Health,  
Healthy Living and Seniors  
Government of Manitoba

### **Robert Bell**

Deputy Minister of Health and  
Long-Term Care  
Government of Ontario

### **Michel Fontaine**

Sous-ministre de la santé  
Ministère de la Santé et des  
Services sociaux  
Gouvernement du Québec

### **Tom Maston**

Deputy Minister of Health  
Government of New Brunswick

### **Peter W. Vaughan**

Deputy Minister of Health  
and Wellness  
Government of Nova Scotia

### **Michael Mayne**

Deputy Minister of Health  
Government of Prince  
Edward Island

### **Beverley Clarke**

Deputy Minister of Health and  
Community Services  
Government of Newfoundland  
and Labrador

### **Bruce McLennan**

Interim Deputy Minister of  
Health and Social Services  
Government of the Yukon  
Territory

### **Debbie DeLancey**

Deputy Minister of Health  
and Social Services  
Government of the  
Northwest Territories

### **Colleen Stockley**

Deputy Minister of Health and  
Social Services  
Government of Nunavut

### **Simon Kennedy**

Deputy Minister of Health  
Government of Canada

## BOARD OF DIRECTORS

### **Graham W.S. Scott, Q.C.**

Chair (2010)\*  
President  
Graham Scott Strategies Inc.

### **Anne Doig**

Vice Chair (2010)  
Family physician  
Saskatoon

### **Richard Audet** (2013)

Sous-ministre associé aux  
technologies de l'information  
Ministère de la Santé et des  
Services sociaux  
Gouvernement du Québec

### **Robert Bell** (2015)

Deputy Minister of Health and  
Long-Term Care  
Government of Ontario

### **Ian Brodie** (2012)

Associate Professor  
Faculty of Arts  
University of Calgary

### **David Brown** (2013)

Counsel  
Davies Ward Phillips  
& Vineberg LLP

### **Paul Glover** (2013)

Associate Deputy Minister  
Health Canada

### **Karen Herd** (2013)

Deputy Minister of Health,  
Healthy Living and Seniors  
Government of Manitoba

### **Tom Maston** (2014)

Deputy Minister of Health  
Government of New Brunswick

### **Christine McGinley** (2012)

Corporate Director  
Calgary

### **Arnold Park** (2011)

Partner  
Cedar Bay Grilling Company

### **Deborah Shera** (2015)

Assistant Deputy Minister  
Health Sector Information  
Management  
Government of British  
Columbia

### **Sheila Weatherill** (2011)

Vice Chair  
EPCOR Utilities Inc.

\* For each member, indicates  
year appointed to the Board.

## BOARD COMMITTEES

### **Finance, Investment & Audit**

**Arnold Park** (Chair)

**Ian Brodie**

**David Brown**

**Christine McGinley**

**Graham W.S. Scott** (Board Chair)  
(ex-officio)

**Michael Green** (CEO) (ex-officio)  
(non-voting)

### **Compensation & Human Resources**

**David Brown** (Chair)

**Arnold Park**

**Graham W.S. Scott** (Board Chair)  
(ex-officio)

**Michael Green** (CEO) (ex-officio)  
(non-voting)

**Maureen Berry**

(Human Resources Executive)  
(ex-officio) (non-voting)

### **Governance**

**Anne Doig** (Chair)

**Christine McGinley**

**Graham W.S. Scott** (Board Chair)  
(ex-officio)

**Sheila Weatherill**

**Michael Green** (CEO) (ex-officio)  
(non-voting)

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